

DIAGNOSTIC AND STATISTICAL  
MANUAL OF  
MENTAL DISORDERS  
FOURTH EDITION  
TEXT REVISION

DSM-IV-TR™



Published by the  
American Psychiatric Association  
Washington, DC  
EXHIBIT 14, PAGE 1

Copyright © 2000 American Psychiatric Association

DSM, DSM-IV, and DSM-IV-TR are trademarks of the American Psychiatric Association. Use of these terms is prohibited without permission of the American Psychiatric Association.

**ALL RIGHTS RESERVED.** Unless authorized in writing by the APA, no part of this book may be reproduced or used in a manner inconsistent with the APA's copyright. This prohibition applies to unauthorized uses or reproductions in any form, including electronic applications.

Correspondence regarding copyright permissions should be directed to the DSM Permissions, Office of Publishing Operations, American Psychiatric Association, 1400 K Street, N.W., Washington, DC 20005.

Manufactured in the United States of America on acid-free paper.

American Psychiatric Association  
1400 K Street, N.W., Washington, DC 20005  
www.psych.org

The correct citation for this book is American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

**Library of Congress Cataloging-in-Publication Data**

Diagnostic and statistical manual of mental disorders : DSM-IV.—4th ed., text revision.  
p. ; cm.

Prepared by the Task Force on DSM-IV and other committees and work groups of the American Psychiatric Association.

Includes index.

ISBN 0-89042-024-6 (casebound : alk. paper)—ISBN 0-89042-025-4 (pbk. : alk. paper)

1. Mental illness—Classification—Handbooks, manuals, etc. 2. Mental illness—Diagnosis—Handbooks, manuals, etc. I. Title: DSM-IV. II. American Psychiatric Association. III. American Psychiatric Association. Task Force on DSM-IV.

[DNLM: 1. Mental Disorders—classification. 2. Mental Disorders—diagnosis.]

WM 15 D536 2000]

RC455.2.C4 D536 2000

616.89'075—dc21

00-024852

**British Library Cataloguing in Publication Data**

A CIP record is available from the British Library.

Text Design—Anne Barnes

Manufacturing—R. R. Donnelley & Sons Company

## Global Assessment of Functioning (GAF) Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

**Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)**

- 100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
- 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- 80 If symptoms are present, they are transient and expectable reactions to psycho-social stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
- 70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
- 60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
- 50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
- 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
- 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
- 0 Inadequate information.

---

The rating of overall psychological functioning on a scale of 0-100 was operationalized by Luborsky in the Health-Sickness Rating Scale (Luborsky L: "Clinicians' Judgments of Mental Health." *Archives of General Psychiatry* 7:407-417, 1962). Spitzer and colleagues developed a revision of the Health-Sickness Rating Scale called the Global Assessment Scale (GAS) (Endicott J, Spitzer RL, Fleiss JL, Cohen J: "The Global Assessment Scale: A Procedure for Measuring Overall Severity of Psychiatric Disturbance." *Archives of General Psychiatry* 33:766-771, 1976). A modified version of the GAS was included in DSM-III-R as the Global Assessment of Functioning (GAF) Scale.

## Global Assessment of Functioning (GAF) Scale

Consider the client's psychological, social, and occupational functioning on a hypothetical continuum (1-100) of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations. Assessment is of client's functioning during the previous 12 months.

CODE	(Note: Use intermediate codes when appropriate, e.g. 45, 68, 72.)
91-100	<b>Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms</b>
81-90	<b>Absent or minimal symptoms</b> (e.g., mild anxiety before an exam), <b>good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns</b> (e.g., an occasional argument with family members).
71-80	<b>If symptoms are present, they are transient and expectable reactions to psychosocial stressors</b> (e.g., difficulty concentrating after family arguments); <b>no more than slight impairment in social, occupational, or school functioning.</b> (e.g., temporarily falling behind in schoolwork).
61-70	<b>Some mild symptoms</b> (e.g., depressed mood and mild insomnia) <b>OR some difficulty in social, occupational, or school functioning</b> (e.g. occasional truancy, or theft within the household), <b>but generally functioning pretty well, has some meaningful interpersonal relationships.</b>
51-60	<b>Moderate symptoms</b> (e.g., flat affect and circumstantial speech, occasional panic attacks) <b>OR moderate difficulty in social, occupational or school functioning</b> (e.g., few friends, conflicts with peers or co-workers).
41-50	<b>Serious symptoms</b> (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) <b>OR any serious impairment in social, occupational, or school functioning</b> (e.g., no friends, unable to keep a job).
31-40	<b>Some impairment in reality testing or communication</b> (e.g., speech is at times illogical, obscure, or irrelevant) <b>OR major impairment in several areas, such as work or school, family relations, judgement, thinking or mood</b> (e.g., depressed person avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
21-30	<b>Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement</b> (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) <b>OR inability to function in almost all areas</b> (e.g., stays in bed all day; no job, home or friends).
11-20	<b>Some danger of hurting self or others</b> (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) <b>OR occasionally fails to maintain minimal personal hygiene</b> (e.g. smears feces) <b>OR gross impairment in communication</b> (e.g., largely incoherent or mute).
1-10	<b>Persistent danger of severely hurting self or others</b> (e.g., recurrent violence) <b>OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.</b>
0	Inadequate information.

Adapted from the *Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> ed., Text Revision (2000)* American Psychiatric Association, Washington DC.